PATENT APPLICATION FEE DETERMINATION RECORD
Substitute for Form PTO-875

Application or Docket Number: **09/939327**

CLAIMS AS FILED – PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE (37 CFR 1.16(a))				$	OR		$ 770
TOTAL CLAIMS (37 CFR 1.16(c))	44 minus 20 =	24	X $___ =		OR	X $___ =	450
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5 minus 3 =	2	X $___ =		OR	X $___ =	160
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ $___ =		OR	+ $___ =	
			TOTAL		OR	TOTAL	1320

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II   *Hold 18 for extra claim*   2/1/04

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE	OR	OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	32	Minus	44	=	X $___ =		OR	X $___ =	
Independent (37 CFR 1.16(b))	4	Minus	5	=	X $___ =		OR	X $___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $		OR	+ $	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

must be renumber → 1, 26, 46, 53,

AMENDMENT B   8/16/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	7	Minus		=	X $___ =		OR	X $___ =	
Independent (37 CFR 1.16(b))	6	Minus		=	X $___ =		OR	X $___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___ =		OR	+ $___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C   9/14/04

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(c))	20	Minus	44	=	X $___ =		OR	X $___ =	
Independent (37 CFR 1.16(b))	2	Minus	5	=	X $___ =		OR	X $___ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ $___ =		OR	+ $___ =	
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

(handwritten left margin:) AT some claims missing 30, 31, 32 2nd letter mailed